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PTO/SB/21 (09-04)
Approved for use through 07/31/2006, OMB 0651-0031

Date | September 12, 2005

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THAREMIN		Application Number	09/916,385		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	July 27, 2001		
		First Named Inventor	Schwonke et al.		
		Art Unit	1773		
		Examiner Name	Ahmed, Sheeba		
Total Number of Pages in This Submission	15	Attorney Docket Number	D078 1130.1 (41461.0015.1)		

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		EN	CLOSURES (Check a	all that apply)	
Fee Tran	smittal Form		Drawing(s)			After Allowance Communication to TC
	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
Extensio Express Informati Certified Documer Reply to Incomple	nent/Reply Infer Final Infidavits/declaration(s) In of Time Request Abandonment Request on Disclosure Statement Copy of Priority Int(s) Missing Parts/ Ite Application Reply to Missing Parts Inder 37 CFR 1.52 or 1.53	Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on one	e Address	Retu	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): m Postcard
	SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AG	ENT
Firm Name Womble Carlyle Sandridge & Rice, PLLC						
Signature	Danothing	84				
Printed name	David E. Wigley, Ph.D.	y)				
Date	September 12, 2005			Reg. No.	52,362	
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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known				
			Application Num	nber 09/	916,385		
FEEIK	AN:	5 141111	AL	Filing Date	Jul	y 27, 2001	
For	For FY 2005			First Named Inv	ventor Sch	hwonke et al.	
Applicant claims small	ontity stat		1 27	Examiner Name	e Ahi	med, Sheeba	<u> </u>
Applicant claims smain	<u> </u>		1.21	Art Unit	177	73	
TOTAL AMOUNT OF PAYN	MENT ((\$) 1,020.	.00	Attorney Docket	t No. D0	78 1130.1 (41	1461.0015.1)
METHOD OF PAYMENT (check all that apply)							
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FEE CALCULATION		-					
1. BASIC FILING, SEAR	CH. ANI	D EXAMINATIO	N FEES				
1. 5/10/01.11.11.11.11.11.11.11.11.11.11.11.11.1		G FEES		CH FEES		ATION FEES	;
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	s			·		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25

Fee Description		<u>Fee (\$)</u>
Each claim over 2	0 (including Reissues)	50 25
Each independent	claim over 3 (including Reissues)	200 100
Multiple depender	nt claims	360 180
Total Claims	Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims
20 or HF	P= <u>0 x 0 = 0</u>	Fee (\$) Fee Paid (\$)
HP = highest number of	total claims paid for, if greater than 20.	0 0
Indep. Claims	Extra Claims Fee (\$) Fee Paid (\$)	
4 3 or HP	= <u>0 x 0 = 0</u>	
HP = highest number of i	ndependent claims paid for, if greater than 3.	
3. APPLICATION SI	ZE FEE	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 Fee Paid (\$)

/ 50 = (round up to a whole number) 0 Fees Paid (\$)

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3-month Extension of Time (large entity)

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1,020.00	

SUBMITTED BY Registration No. Telephone (404) 879-2435 Signature 52,362 (Attorney/Agent) Name (Print/Type) David E. Wigley, Ph.D. Date September 12, 2005

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